

Intimate Care Policy



Together We Learn

*...always striving to be outstanding, transforming the
aspirations of a community.*

Reviewed October 2019

PURPOSE OF GUIDANCE

This guidance aims to:

- Keep children and young people safe by clarifying which behaviours constitute safer practice and which behaviours should be avoided.
- Support the Governors and Headteacher in setting clear expectations of behaviour and/or codes of practice relevant to the provision of intimate care.
- Assist adults working with children and young people to establish what safe, respectful and appropriate intimate care involves and the importance of regular line management, supervisory support and needs led training.
- Strengthen safeguarding procedures.
- Minimise the risk of misplaced or malicious allegations made against adults who work with children and young people.
- Ensure that processes are in place so that pupils, parents and carers can easily influence intimate care policy and procedures, in particular, personal intimate care plans.
- Support staff to respectfully and safely teach or consolidate autonomy for the children or young people with whom they work. Staff will enable each child or young person to do as much for themselves as possible.

DEFINITION OF INTIMATE CARE

Intimate care can be defined as 'Care tasks of an intimate nature, associated with bodily functions, body products and personal hygiene which demand direct or indirect exposure of the genitals and/or other private parts of the body'.

Examples include:

- Exposing genitals and/or other private parts of the body to administer medicines in accordance with (2014/09) DoE 'supporting children with medical conditions'
- Managing incontinence and providing toileting support
- Administration of medication, including in emergency situations
- Help with personal hygiene - washing and bathing
- Menstrual management
- Supervision of children involved in intimate self-care

GUIDING PRINCIPLES FOR APPROPRIATE INTIMATE CARE

These three fundamental guiding principles are paramount and should be evident whenever intimate care involving children or young people is considered:

1st principle

Every intimate care procedure must be completed within an environment and atmosphere of total respect and dignity both for the individual receiving care and for the person involved in providing care.

2nd principle

Every plan supporting intimate care must demonstrate how the child/young person can be enabled to develop their independence as far as is reasonably practical for the child/young person.

3rd principle

The number of adults engaged in the care should only reflect the minimum needed to perform the task safely and respectfully. Each situation should reflect both the safety and vulnerability of children/young people and staff.

UNDERPINNING PRINCIPLES

Intimate care should be a positive experience for both the child or young person and staff. It is essential that care is given gently, respectfully and sensitively and that every child or young person is treated as an individual. As far as possible, the child or young person should be allowed to exercise choice and should be encouraged to have a positive image of his/her own body.

These principles of intimate care can be put into practice by:

- Taking into account the child's method and level of communication which may include words, signs, symbols, body movements and eye pointing.
- Ensuring that the child's methods of communication are clearly identified in the care plan and carers have the ability to understand and communicate.
- Ensuring that when a child is unable to verbalise a preference, other means should be explored including determining a child's wishes by observation or reactions to intimate care.
- Agreeing on the appropriate terminology used by staff for the description of private parts of the body and bodily functions.
- Ideally allowing the child or young person, whenever possible, to choose who provides their intimate care which should be age appropriate.
- Ensuring a sufficient number of trained staff, both male and female are available to provide intimate care as required throughout the school day.
- Avoiding a situation where intimate care relies on one or two members of staff, thus improving choice for the child and capacity for trained staff able to provide intimate care.
- Enabling the child or young person to indicate if they find a carers practice to be unacceptable.
- Allowing the child or young person a choice over the arrangement of care, ensuring privacy wherever the intimate care is taking place.
- Allowing the child or young person to care for him/herself as far as possible.
- Being aware of and responsive to the child/young person's reactions.
- The views of the child should be actively sought, wherever possible, when developing and reviewing intimate care plans. As with all individual arrangements for intimate care needs, agreements between the child/young person, parents/carers and the school/setting must be negotiated and recorded.
- When the plan is completed, consideration should be made as to whether the underpinning values and principles are reflected.
- Given the right approach, intimate care should provide opportunities to teach children about the value of their own bodies, to develop their personal safety skills and to enhance their self-esteem. Whenever children can learn to assist in carrying out aspects of their own intimate care they should be encouraged to do so.

GOOD PRACTICE IN INTIMATE CARE

Wherever possible, intimate care provided to older children and young people should be carried out by a staff member of the same gender. The religious and cultural values of children and their families must also be taken into account.

The following positive approaches will assist in promoting good practice for intimate care:

- Intimate care practice is consistent across home, school and other settings as far as possible.
- A designated environment is identified which ensures the safety and dignity of the child/young person and intimate care providers.
- Suitable resources and equipment are always available to reduce any biological risk and to ensure the health and safety of pupils and intimate care staff.
- Staff who volunteer as intimate care providers will have access to training and regular supportive supervision/line management. Volunteers should be aware of their own limitations, only carrying out procedures they understand and feel competent and confident to carry out. Protocols are established so that if intimate care volunteers lack confidence or are in doubt, they feel able to access immediate support and guidance.
- Staff would ensure that the child or young person's privacy and modesty is respected and protected at all times.
- An appropriate written plan for intimate personal care is agreed with the child or young person and their parent(s), guardians or carers. Each intimate care plan will also consider strategies that support and encourage children and young people towards independent intimate care/toileting where possible.

- Staff would agree with the child/young person and their family the appropriate terminology to be used for private parts and bodily functions. Best practice in personal safety work would be to use the correct anatomical names for intimate body parts.
- Staff always communicate in an age appropriate way taking into account the child or young person's developmental level and their preferred communication method.
- When a newly designated intimate care volunteer is appointed, they are familiar with and understand the child's intimate care plan, got to know the child or young person well beforehand and became familiar with his/her temperaments and methods of communication.
- In cases where a child or young person has limited communication abilities, intimate care providers would enable the child or young person to be prepared for or anticipate events while demonstrating respect for her/his body, for example by giving a strong sensory or verbal cue such as using a sponge or pad to signal intention to wash or change.
- Staff would speak to the child personally by name so that he/she is aware of being the focus of the activity.
- Staff would have knowledge and understanding of any religious and cultural sensitivities related to aspects of intimate care and take these fully into account. Any religious or social requirements would be clearly noted in the child's/young person's intimate care plan.
- If a child becomes incontinent and requires toileting support, the child would be discreetly removed from the learning environment so that intimate care can be provided in the designated location by the child's preferred intimate care provider.
- Planning for learning outside the classroom takes into account how safe and dignified intimate care can be provided at venues outside of the school/educational setting. Planning also ensures that a designated Intimate care provider is present and suitable materials for cleaning and changing are available.
- Staff would keep records which, in accordance with the pupils intimate care plan, would detail any intimate care provided, note the pupils' response to intimate care and note any changes in behaviour.
- Regular communication and exchanging information with parent(s), guardians or carers is essential. Systems would be established ensuring that confidential information can be shared securely.
- If a member of staff has concerns about physical changes in a child or young person's presentation, for example unusual anxiety, bruising, soreness and so on. Staff would immediately report their concerns to the designated person for safeguarding and log the concern in the intimate care records for the child/ young person.
- All staff clearly understand that cameras (including mobile phones) are not to be taken into areas where intimate care is carried out, as described in the school's Child Safety and Protection Policy.

INTIMATE CARE AT ERNESETTLE COMMUNITY SCHOOL

Most of the young children in our Nursery wear nappies; key workers follow the procedures as below.

No child is excluded from participating in our setting who may, for any reason, not yet be toilet trained and who may still be wearing nappies or equivalent. We work with parents towards toilet training, unless there are medical or other developmental reasons why this may not be appropriate at the time.

We make necessary adjustments to our bathroom provision and hygiene practice in order to accommodate children who are not yet toilet trained.

We see toilet training as a self-care skill that children have the opportunity to learn with the full support and non-judgemental concern of adults.

Procedure

- Changing areas are warm and there are safe areas to lay young children if they need to have their bottoms cleaned.
- Each young child has their own nappies or 'pull ups' and changing wipes.
- Gloves and aprons are put on before changing starts and the areas are prepared.
- All staff are familiar with the hygiene procedures and carry these out when changing nappies.
- In addition, key persons ensure that nappy changing is relaxed and a time to promote independence in young children.
- Young children are encouraged to take an interest in using the toilet; they may just want to sit on it and/or talk to a friend who is also using the toilet.
- They should be encouraged to wash their hands and have soap and towels to hand.
- Key persons are gentle when changing; they avoid pulling faces and making negative comment about 'nappy contents'.

- Key persons do not make inappropriate comments about young children's genitals when changing their nappies
- Older children access the toilet when they have the need to and are encouraged to be independent.
- Nappies and 'pull ups' are disposed of hygienically; the nappy or pull up is bagged and put in the bin. Cloth nappies, trainer pants and ordinary pants that have been wet or soiled are rinsed and bagged for the parent to take home.

NB If young children are left in wet or soiled nappies/'pull ups' in the setting this may constitute neglect and will be a disciplinary matter. Settings have a 'duty of care' towards children's personal needs.

INTIMATE CARE AT ERNESETTLE COMMUNITY SCHOOL

All children who require intimate care are treated respectfully at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in moving and handling). Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex and relationship education to their children/young people as an additional safeguard to both staff and children/young people involved.

There is careful communication with each child who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc.) to discuss the child's needs and preferences. The child is aware of each procedure that is carried out and the reasons for it.

As a basic principle children will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for themselves as they can. This may mean, for example, giving the child responsibility for washing themselves. Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child and in consultation with parents/carers. These plans include a full risk assessment to address issues such as moving and handling, personal safety of the child and the carer and health.

Ernesettle Community School recognises that every child has the right to be accepted for who they are without regard to race, culture and beliefs and will ensure that the values of the parent/carers and child/young person are taken into account when developing an individual intimate care plan

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child needs help with intimate care. Where possible one child will be cared for by one adult unless there is a sound reason for having two adults present. If this is the case, the reasons should be clearly documented. However, in Reception and Key Stage One classes, if a child needs assistance changing themselves, there should always be a second adult nearby.

Wherever possible the same child will not be cared for by the same adult on a regular basis; there will be a rota of carers known to the child who will take turns in providing care. This will ensure, as far as possible, that over-familiar relationships are discouraged from developing, while at the same time guarding against the care being carried out by a succession of completely different carers.

Parents/Carers will be involved with their child's intimate care arrangements on a regular basis; a clear account of the agreed arrangements will be recorded on the **child's care plan**. The needs and wishes of children and parents will be carefully considered alongside any possible constraints; e.g. staffing and equal opportunities legislation.

As a child approaches puberty or where a medical condition sees the early onset of puberty, the school will ensure that the individual intimate care plan will be reviewed with the Parent/Carer to take into account the views and needs of the child/young person

Each child will have an assigned senior member of staff to act as an advocate to whom they will be able to communicate any issues or concerns that they may have about the quality of care they receive.

The Protection of Children

Ernesettle Community School Child Protection Procedures will be accessible to staff and adhered to.

Where appropriate, all children will be taught personal safety skills carefully matched to their level of development and understanding.

If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection. A clear record of the concern will be completed and referred to social care and/or the Police if necessary. Parents will be asked for their consent or informed that a referral is necessary prior to it being made unless doing so is likely to place the child at greater risk of harm. A copy of the Child Protection Procedure is available to download from the school website or from Reception or can be sent on request

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/Carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see the school's Child Protection Procedures. This includes referring to the Local Authority Designated Officer.